

Information contained in this report originated from a death certificate. Additional information came from the related Sheriff's investigative report, a Medical Examiner's report, and conversations with the Medical Examiner, the sheriff's office and relatives of the victim. The mother of the victim declined to be interviewed therefore only limited information is available. The victim was a 3-year-old female. The victim weighed 17 pounds and was 32.4 inches tall. The product involved in this incident is a baby crib and a crib baby bumper. The crib was purchased as a gift by the stepmother of the victim's mother for approximately \$100. The brand and model numbers are unknown. Details about the baby bumper are unknown. It is unknown if the crib or bumper pad had been modified. It should be noted that the child had numerous health problems including, but not limited to, cerebral palsy and being a premature twin. According to official reports the baby was also emaciated. Other possible underlying factors included the fact that the baby was on heavy narcotics (phenobarbital and mephobarbital) to help control seizures. A drug screen of the victim's blood showed 2.1 mcg/ml of phenobarbital and 5.5 mcg/ml of mephobarbital in the victim's blood. There had also been illegal drug use in the home according to the sheriff's report, which may have been a factor in the incident. Criminal charges are pending against the mother for child endangerment.

The incident occurred sometime between January 5th and 6th 2007. The victim had been put in her crib around 8:30 or 9:00 p.m. The mother did not hear anything from the baby all night. The following morning between 10:30 and 11:30 am, the boyfriend of the victim's mother went to go check on the victim while the mother fixed a bottle in the kitchen. The boyfriend found the victim in the crib with the crib bumper wrapped around the victim's head and neck. He removed the bumper and went to tell the mother. The mother came into the room and started to do cpr but the boyfriend pulled her away from the victim as he could see the victim was already deceased. According to statements in the police report made by the boyfriend, the victim was already "dark and cold". They transported the victim to the hospital where she was pronounced dead.

It should be noted that there were abrasions and a small amount of blood on the victim. According to statements made by the Medical Examiner, he could not be sure how or why these injuries came to exist.

Continued...

According to the Medical Examiner's report, the probable cause of death "favored suffocation due to crib bumper pad being wrapped about the decedent's head".

Crib was purchased at:

Wal-Mart Store #176
822 City Avenue South
Ripley, MS 38663

Phone:
(662) 837-0014

Website:
www.walmart.com

No further information about the crib or crib bumper is available.

Attachments

- I. Respondents
One (1) Page**

- II. Sheriffs' Report
Seven (7) Pages**

- III. Medical Examiner's Report
Twenty Three (23) Pages**

Respondents

**Tippah County Mississippi Sheriff's Office
205 West Spring Street
Ripley, Mississippi 38663**

**Phone:
(662) 837-1191**

**Tippah County Medical Examiner
P.O. Box 499
Ripley, MS. 38663**

**Phone:
(662) 837-1773**

**[REDACTED]
Stepmother of Victim's Mother**

**[REDACTED]
Ripley, MS. 38663**

**Phone:
[REDACTED]**

Mississippi Department of Human Services

Division of Family and Children's Services

Narrative Print

Case Narratives

For [REDACTED]

Narrative Date: 01/08/2007

Worker: [REDACTED]

Participants: None Specified

Body of Narrative:

[REDACTED] funeral will be 1/9/07 at [REDACTED] Funeral Home. The visitation starts on 1/8/07 from 5 to 9.

Narrative Date: 01/08/2007

Worker: [REDACTED]

Participants: None Specified

Body of Narrative:

David Hubbard the coroner called SW on this morning to inform SW of the preliminary report of the autopsy. He said that the child's death was consistent with suffocation. The blood on the bumper pad from around the bed was probably the result of sinus drainage. He said dried blood was found in the nasal cavity. SW asked for his report and he said he would type the report this afternoon and get it to me. He also stated that he had called the county investigator to inform him of the results.

Narrative Date: 01/08/2007

Worker: [REDACTED]

Participants: None Specified

Body of Narrative:

SW called [REDACTED] schools to inquire if [REDACTED] was in school last week and if she was at school today. She has not been back to school since the Christmas break was over. She missed everyday last week and is not at school today. No one has called the school to notify them of the reason why.

Narrative Date: 01/08/2007

Worker: [REDACTED]

Participants: None Specified

Case Narratives

For [REDACTED]

Body of Narrative:

SW spoke with [REDACTED] the County School nurse. She informed SW that [REDACTED] had called to check on [REDACTED] on Tuesday. She called [REDACTED] (step mother) and asked her about [REDACTED] and she didn't know anything and she tried to get in touch with [REDACTED] and could not get her. Finally [REDACTED] the paternal grandfather called and told [REDACTED] that he had [REDACTED] with him at [REDACTED] office. He stated that [REDACTED] was doing much better and that he had been in the ER with her on Sunday and she had the stomach virus. He said she would be in school on Wednesday. [REDACTED] talked with [REDACTED] the next day because neither [REDACTED] were at school. [REDACTED] told her that she had the kids home with her on this day because everybody had the flu. [REDACTED] asked her if she had gone to the Doctor and she stated one of them has and [REDACTED] said well do you have medicine for everyone and she said yes. She also told [REDACTED] that the flu can kill children. [REDACTED] stated the children had medicine to take. [REDACTED] also informed SW that the children were not in school for the rest of the week.

Narrative Date: 01/06/2007

Worker: [REDACTED]

Participants: None Specified

Body of Narrative:

SW spoke with the coroner David Hubbard. He told SW that the child appears to be dead for several hours. He got the 911 call at 11:12am. He took SW to see the body. He pointed out that all the blood pooling was in the face and on one side of the body. He said it appears that the child was face down. The child's neck was also dark. She is a very thin child and looked emaciated. [REDACTED] said he would be taking her to Jackson on the 7th to have the autopsy done. He also went to the home to see the child's room and the bed. He told SW that the bumper pad had a good amount of blood on it where the face would have been and he also stated that there was a blood smear farther down close to where the child's feet were. He also stated that there was blood on the railings of the bed around the same place as the bumper pad and the most blood was. He said that [REDACTED] stated to him that when he came in she had the pad wrapped around her head and neck. He stated he did not tell [REDACTED] that because he did not want to upset her. [REDACTED] also stated that she has done that before and he has had to unwrap it from around her. David Hubbard said he did get the bumper pad and he would be taking it to the Doctor that preforms the autopsy to help figure out what had happened to the child.

Narrative Date: 01/06/2007

Worker: [REDACTED]

Participants: [REDACTED]

Body of Narrative:

SW was contacted on this day and informed that [REDACTED] had been found dead in her bed on this morning. SW went to the hospital to meet with [REDACTED]. They told SW that they put her to bed around 8:30 or 9:00 and did not hear a thing from her all night. [REDACTED] went to get her out of the bed around 10:30 or 11:00 and [REDACTED] was in the kitchen fixing her a bottle. [REDACTED] was already dead when [REDACTED] went into the room. He said [REDACTED] tried to do CPR on the child and [REDACTED] pulled her off and was telling her that she is already dead. [REDACTED] says her face was dark and she was cold. They got into the car and drove to the hospital. The other children were left at the house with [REDACTED]

Case Narratives**For** [REDACTED]

sister and step sister. SW told them because of previous allegations that they needed to do a drug test. They agreed to a drug test. The test came back negative.

Narrative Date: 01/06/2007**Worker:** [REDACTED]**Participants:** [REDACTED]**Body of Narrative:**

ASWS received a call from FPS [REDACTED] about this case. She related one of the children had died and the situation seemed strange but could be natural causes. She stated she was at the hospital and had seen the baby. We agreed to meet at the office after she spoke with the coroner and law enforcement. She stated the parents had been drug tested and she was awaiting the results.

Narrative Date: 01/06/2007**Worker:** [REDACTED]**Participants:** [REDACTED]**Body of Narrative:**

ASWS contacted Regional Director [REDACTED] about the case. I informed her at this time it could be natural causes or accidental. We would be awaiting the autopsy report to let us know what the cause of death was. The parents drug screening were negative. At this time no one is being accused of anything and the other two children are with relatives. This was not reported as an abuse or neglect issue. It was agreed this should be in an incident report and I agreed to fax it to the RD on Monday.

Narrative Date: 12/16/2006**Worker:** [REDACTED]**Participants:** [REDACTED]**Body of Narrative:**

[REDACTED] called and left SW a message on SW's cell phone. He said he had been staying with [REDACTED] and she has not gone to the drug assessment because he did not have the money. He said he had rescheduled the appointment. He said he has not done any drugs and he would go to rehab because he wanted to it for himself.

Narrative Date: 12/14/2006**Worker:** [REDACTED]**Participants:** None Specified**Body of Narrative:**

SW called [REDACTED] who is the cousin of [REDACTED]. SW asked him to get in touch with [REDACTED] and let him know he needs to contact SW. [REDACTED] said he didn't know where [REDACTED] was staying and how to get in touch with him. He said that [REDACTED] calls occasionally and he would tell him to give him SW a call.

Case Narratives

For [REDACTED]

Narrative Date: 12/05/2006**Worker:** [REDACTED]**Participants:** None Specified**Body of Narrative:**

[REDACTED] has an appointment for the CDC on this day.

Narrative Date: 12/05/2006**Worker:** [REDACTED]**Participants:** None Specified**Body of Narrative:**

SW saw both [REDACTED] on this day. They appeared happy and healthy. [REDACTED] said things were going well.

Narrative Date: 12/05/2006**Worker:** [REDACTED]**Participants:** [REDACTED]**Body of Narrative:**

Narrative Continued.

[REDACTED] said the other girls were staying with [REDACTED] a couple of nights a week because of the new job she had. She stated the job was at night and that [REDACTED] was staying with her mother or [REDACTED] on those nights. She said that they are all getting along ok right now.

Narrative Date: 12/04/2006**Worker:** [REDACTED]**Participants:** None Specified**Body of Narrative:**

The school nurse from the elementary school called on this morning to ask if SW had contact with [REDACTED]. She informed SW that [REDACTED] had not updated some things at the school and it was preventing the girls from getting some services. SW told the nurse that SW would address the issues with [REDACTED] and make sure she took care of them.

Narrative Date: 12/04/2006**Worker:** [REDACTED]**Participants:** [REDACTED]

Case Narratives

For [REDACTED]

Body of Narrative:

SW talked to [REDACTED] on the phone and told her that the school had called and wanted the prescription for therapy [REDACTED] said she had already called the Dr to get it faxed over. She said she would call again and make sure they did fax it. She said she was doing good and that things were going well. She had gotten another job and her mom was helping her with the kids.

Narrative Date: 11/29/2006**Worker:** [REDACTED]**Participants:** [REDACTED]**Body of Narrative:**

[REDACTED] was in the office on this day to do her service agreement. The main issues was that she had admitted to drug use. She went to the CDC in Corinth on the 28th and they did not recommend treatment for her. SW instructed [REDACTED] that she was to have no drugs or drug users in the home. She also needs to meet all the needs of the children.

Narrative Date: 11/27/2006**Worker:** [REDACTED]**Participants:** [REDACTED]**Body of Narrative:**

11/27/2006

SW saw all three [REDACTED] children and [REDACTED] in the office on this day. [REDACTED] was meeting [REDACTED] there to get the kids. [REDACTED] was crying and SW asked her why she was crying and she wouldn't tell SW. [REDACTED] said [REDACTED] always tells her that [REDACTED] is bad and it scares [REDACTED] and [REDACTED] seemed happy. They were smiling and [REDACTED] was hugging on her mamma.

Narrative Date: 11/21/2006**Worker:** [REDACTED]**Participants:** [REDACTED]**Body of Narrative:**

[REDACTED] was in the office on this day to discuss her ISP. SW expressed the concerns that SW has about the household and stressed to [REDACTED] that she needed to ask for help if she is to get in need and to always be honest with SW.



STATE MEDICAL EXAMINER

REPORT OF DEATH INVESTIGATION

DECEDENT: [REDACTED] (First Name) [REDACTED] (Middle Name) (Jr., Sr., III, etc.)

ADDRESS: [REDACTED] (Number & Street or Route, Box, etc.) RIPLEY, MS. (City, State) TIPPAN (County)

(Date of Receipt)
(ICOD Code)
(ICOD Code)
(ME Case Number)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

AGE (If less than 2 yrs. give months & days) <u>3</u>	SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Undetermined	CLOTHING <input type="checkbox"/> Clothed <input checked="" type="checkbox"/> Partly Clothed <input type="checkbox"/> Unclothed	BODY TEMPERATURE <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input checked="" type="checkbox"/> Cold (If taken)	BLOOD <input checked="" type="checkbox"/> Nose <input checked="" type="checkbox"/> Mouth <input type="checkbox"/> Ears <input type="checkbox"/> Clothing <input type="checkbox"/> None	FROTH <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	OCCUPATION (Please fill in both parts) TYPE OF WORK: (Example: machinist, typists, fireman, farmer, salesman, homemaker)
Date of Birth <u>[REDACTED]</u>	HEAD-HAIR <input type="checkbox"/> None <input type="checkbox"/> Partly Bald <input checked="" type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Red <input type="checkbox"/> Black <input type="checkbox"/> Grey <input type="checkbox"/> White	EYES: Color <u>Brown</u> R <u> </u> L <u> </u> WEIGHT: <u>7.91 kg</u> LENGTH: <u>52.2 cm</u>	RIGOR (Circle Degree) <input checked="" type="checkbox"/> Neck 0 (1+) 2+ 3+ <input checked="" type="checkbox"/> Arms 0 (1+) 2+ 3+ <input checked="" type="checkbox"/> Legs 0 (1+) 2+ 3+	OTHER (Dirt, water, etc.) <input type="checkbox"/> Nose <input type="checkbox"/> Mouth <input type="checkbox"/> Ears <input checked="" type="checkbox"/> None	INDUSTRY: (Example: textile, banking, fire dept., farming, insurance, home)	
MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Unknown	OTHER HAIR <input type="checkbox"/> Mustache <input type="checkbox"/> Beard	MISCELLANEOUS: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Circumcised	LIVOR Color <u>PURPLE</u> Fixed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Anterior <input type="checkbox"/> Posterior <input type="checkbox"/> Lateral	DECOMPOSITION <input checked="" type="checkbox"/> Early <input type="checkbox"/> Advanced <input type="checkbox"/> None	<input checked="" type="checkbox"/> No Occupational Information	

INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES (Home, farm, highway, hospital, etc.)
INJURY OR ONSET OF ILLNESS					ON THE JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Home
LAST SEEN ALIVE	1-5-07	2100	(By whom: Name and Address) <u>[REDACTED] (mother)</u>	TIPPAN	
DEATH	1-6-07	UNKNOWN	(By whom: Name and Address or Title) <u>[REDACTED]</u>	TIPPAN	
FOUND DEAD BY	1-6-07	1119	(By whom: Name and Address or Title) <u>[REDACTED] mother's friend</u>	TIPPAN	
POLICE NOTIFIED			POLICE AGENCY:		OFFICER:
CORONER/ME NOTIFIED	1-6-07	11:50	(By whom: Name and Address) <u>[REDACTED] EMT-P TIPPAN CO. Amb. Service</u>		
VIEW OF BODY	1-6-07	1215	<u>TIPPAN CO. HOSPITAL E.R.</u>		<input type="checkbox"/> NOT VIEWED
WITNESS TO INJURY OR ILLNESS AND DEATH			(Name)	(Address)	BLOOD SAMPLE DRAWN: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Why not?:

MANNER OF DEATH

NATURAL HOMICIDE ACCIDENT SUICIDE UNKNOWN PENDING

MEDICO-LEGAL AUTOPSY AUTHORIZED:

Yes No

PROBABLE CAUSE OF DEATH:

1. FAVOR SUFFOCATION
2. Due to: CRIB BUMPER PAD ABOUT DECEDENT'S HEAD

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with the Mississippi Code Annotated, and that the information contained herein regarding such death is true and correct to the best of my knowledge and belief.

PATHOLOGIST:

Donald Hubbard Cook
(Signature of Coroner or Medical Examiner)

Contributing factor: _____

OTHER AUTOPSY DONE:

Yes No

M.S.M.E. _____

1-8-07 (Date Signed) TIPPAN (County) 70-1 (Your Number)

****IS DECEDENT AN ORGAN DONOR? _____ YES NO (Please ask family when at all possible)

KIDNEY _____ EYE _____ ANY NEEDED ORGAN _____

IF DONOR, DID YOU NOTIFY TRANSPLANT TEAM? _____ YES _____ NO IF NO, WHO DID? _____ 12

REASON FOR ASSUMING MEDICAL EXAMINER JURISDICTION (Check ONE only)

- | | | | | | |
|-----------------------------------|-----------------------------------|--|---|---|--|
| <input type="checkbox"/> HOMICIDE | <input type="checkbox"/> ACCIDENT | <input type="checkbox"/> POISONING | <input type="checkbox"/> POLICE CUSTODY | <input type="checkbox"/> PUBLIC HEALTH HAZARD | <input type="checkbox"/> SURGICAL/ANESTHETIC PROCEDURE |
| <input type="checkbox"/> SUICIDE | <input type="checkbox"/> DISASTER | <input type="checkbox"/> UNKNOWN OR SUSPICIOUS | <input type="checkbox"/> STATE | <input type="checkbox"/> SUDDEN/UNEXPECTED | <input type="checkbox"/> UNATTENDED |
| <input type="checkbox"/> TRAUMA | <input type="checkbox"/> VIOLENT | | <input type="checkbox"/> LOCAL/OTHER | | |

MEANS OF DEATH (Agency or Object)—IF DEATH OTHER THAN NATURAL

IF MOTOR VEHICLE INVOLVED	<input type="checkbox"/> Driver	<input type="checkbox"/> Lap Belt Used	<input type="checkbox"/> Hit-Run	<input type="checkbox"/> Passenger Car	<input type="checkbox"/> Farm Vehicle
	<input type="checkbox"/> Passenger	<input type="checkbox"/> Shoulder Belt Used	<input type="checkbox"/> Non-Highway	<input type="checkbox"/> Truck	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Crash Helmet Worn		<input type="checkbox"/> Motorcycle	
	<input type="checkbox"/> Other _____			<input type="checkbox"/> Motorbike	

IF GUN	<input type="checkbox"/> Rifle—Cal. _____	<input type="checkbox"/> Stippling	<input type="checkbox"/> Oblong	LOCATION OF WOUNDS (If no autopsy):		
	<input type="checkbox"/> Handgun—Cal. _____	<input type="checkbox"/> Smudging	<input type="checkbox"/> Stellate	_____ Head	_____ Buttocks	_____ Upper Arms
	<input type="checkbox"/> Shotgun—Gau. _____	<input type="checkbox"/> Abrasion Collar	<input type="checkbox"/> Surg. Treated	_____ Neck	_____ Thighs	_____ Lower Arms
	<input type="checkbox"/> Unknown Type	<input type="checkbox"/> Round	<input type="checkbox"/> Other _____	_____ Chest	_____ Lower Legs	_____ Hands
				_____ Abdomen	_____ Feet	_____ Other _____

IF INSTRUMENT:	What Kind: _____	TYPE & LOCATION OF INJURIES:
<input type="checkbox"/> Blunt	<input type="checkbox"/> Unknown Kind	
<input type="checkbox"/> Sharp		

IF DRUG, POISON, CHEMICAL (Suspected)	<input type="checkbox"/> Alcohol	REMARKS/SYMPTOMS:	<input type="checkbox"/> Ingested	<input type="checkbox"/> Topical
	<input type="checkbox"/> Other Drugs, Chemical or Poison (Specify by Name)		<input type="checkbox"/> Injected	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Unknown		<input type="checkbox"/> Inhaled	<input type="checkbox"/> Unknown

MEDICAL HISTORY

CONDITION:

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Fractures	DOCTOR: _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Disease	Where treated: <u>TIPPAN CO. HOSPITAL</u>
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure (specify) _____	Medications: <u>PHENOBARBITOL 1 TSP TWICE A DAY — TAGMET TWICE A DAY</u>
<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Other (specify) _____	
<input type="checkbox"/> Lung Disease		

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH (Add sheet if needed):

3 y/o w/f born at 7 months gestation, a twin, was born _____ stayed in the hospital until middle of AUG, on AUG. 29th was brought to the ER not breathing, was flown to Lebonheur in Memphis, TN. stayed on a respirator for 28 days, was diagnosed with spinal meningitis, had 2 shunts placed in the back of her head, had 1 revision later, had been staying with Grand parents and some with mother since divorce of mother + father, was with mother at this time, mother states she had fed her and went to put her to bed when she got sick and vomited, states she gave her some _____ then placed her in bed at approx. 9 p.m. 1-5-07, states at approx. 11:19 p.m. her boyfriend went to check on her and found her lying face down in the crib with the bumper pad around her head, there were no signs of life, mother started CPR - 911 was called - when the Paramedics arrived they found no signs of life CPR continued to the ER, she was pronounced dead at 11:50 a.m. by Dr. _____, she was placed in the morgue and transported her 1-7-07 to Jackson for an autopsy by Dr. _____, I visited the home at approx. 2:30 p.m. 1-6-07 and photographed the baby bed and sketched the bed room.

Next of Kin _____ (mother)

FINAL REPORT OF AUTOPSY

AME# [REDACTED]

DECEDENT: [REDACTED] **Authorized by:** David Hubbard, CMEI Tippah County

Type of Death:

- Violent or Unnatural Unattended by physician
- Sudden in apparent health
- Unusual/Suspicious Custody of Law
- Possibly Drug Related Public Health

Rigor

- Jaw Arms
- Neck Chest
- Back Abdomen
- Legs

Livor

- Color: Pink
- Ant. Posterior
- Lateral
- Regional Fixed

Body Identified by: Permit for autopsy by David Hubbard, CMEI Tippah County

Persons present at autopsy: [REDACTED], Morgue Attendant, [REDACTED]

[REDACTED] Student of University of Southern Mississippi; and the Prosecutor

AGE: 3 **RACE:** Caucasian **SEX:** Female **EYES:** Brown **PUPILS:** R 0.5 L 0.5 **HAIR:** Blonde

MASS: 7.91 kg **CROWN-HEEL MEASUREMENT =** 82.2 cm

HEEL-TOE MEASUREMENT = 11.7 cm **CROWN-RUMP MEASUREMENT =** 46.1 cm

MID-ABDOMINAL CIRCUMFERENCE = 36.2 cm

BRACHIAL-CEPHALIC CIRCUMFERENCE = 46.1 cm

NIPPLE-NIPPLE MEASUREMENT = 9.8 cm **BODY HEAT:** Absent

SCARS & TATTOOS: See Diagrams & External Exam

CLOTHING: white diaper **PERSONAL EFFECTS:** None

Released with remains

MISSISSIPPI CRIME LAB MORGUE #: [REDACTED]

TRANSPORT INFO: (Please contact David Hubbard, CMEI Tippah County for detailed information)

EVIDENCE TO Mississippi Crime Laboratory: 2 gray top tubes of blood, 2 gray top tubes of urine, 1 gray top tube of vitreous fluid, 1 red top tube of blood, 1 pink top tube of blood

CAUSE OF DEATH: Changes consistent with Suffocation

UNDERLYING CAUSE OF DEATH:

MANNER OF DEATH: Pending investigation

Pathologic Diagnoses: See page 6

The facts stated herein are true and correct to the best of my knowledge and belief:

11:30 hours, 7 January 2007

TIME & DATE OF AUTOPSY

[REDACTED] M.D.
PATHOLOGIST

GENERAL:

The post mortem examination is requested by David Hubbard, CMEI Tippah County. The request for the post mortem examination is made in that the decedent, [REDACTED] died a suspicious death and a death of public health concern. The request for the post mortem examination is in compliance with the Coroner's Reorganization Act of 1986.

The post mortem examination is conducted at the Mississippi Crime Laboratory Morgue in Jackson, Mississippi at 11:30 hours on 7 January 2007. The remains are identified as those of [REDACTED] by David Hubbard, CMEI Tippah County. Individuals present and attending the post mortem examination are listed in detail on the front page of this report.

The decedent is a Caucasian female appearing the recorded age of 3 years. The clothing as described on the front page of this report is removed prior to the external and internal examinations and released with the remains. No jewelry, valuables and/or other personal effects are identified on the remains. The decedent's length, mass, and the presence or absence of rigor mortis and livor mortis are listed in detail on the front page of this report.

TOXICOLOGY:

Two gray top tubes of blood, two gray top tubes of urine, one gray top tube of vitreous fluid, and one red top tube of blood are submitted to the Mississippi Crime Lab for toxicological analysis. An aliquot of the blood specimen is submitted from the Mississippi Crime Lab to the National Medical Services Laboratory who reports the presence of Mephobarbitol at a concentration of 2.1 mcg/ml, and Phenobarbitol at a concentration of 5.5 mcg/ml in the blood toxicology specimen. A copy of the National Medical Services Laboratory toxicology report is affixed to the final post mortem protocol.

SEROLOGY:

No fluid specimens are submitted for serological analysis.

DNA STUDIES:

One pink top tube of blood is submitted to the Mississippi Crime Laboratory for DNA analysis. The final report is pending.

PHOTOGRAPHIC DOCUMENTATION:

During the course of the post mortem examination, photographic documentation of the decedent is performed. The photographs are retained with the post mortem protocol.

NOTIFICATION OF THE CORONER:

Upon completion of the external and internal examinations, David Hubbard, CMEI Tippah County is appraised as to the preliminary cause and manner of death.

BODY ORGANS:

Representative sections of major body organs are retained for microscopic analysis. The remainder and preponderance of the body tissues are returned to the body cavities.

TRANSPORTATION OF THE REMAINS:

The Mississippi Crime Lab Morgue number for the decedent is # [REDACTED] Please contact David Hubbard, CMEI Tippah County for transportation information.

INTERNAL EXAMINATION:

The body is opened via the usual "Y" incision and subcutaneous adipose tissue over the chest wall is noted to measure to a depth of 0.3 cm and over the abdomen to a depth of 0.4 cm. The anterior right and left ribs are reflected en bloc with the sternum in the usual manner. A small amount of clear wetting fluid is present within the right and left pleural cavities. The right lung is noted to have a mass of 87 grams and the left lung is noted to have a mass of 61 grams. No petechiae are identified on the visceral pleural surfaces of the right and left lungs. The lungs are serially cross-sectioned and a moderate amount of serosanguineous fluid exudes from the cut surfaces. Examination of the cross-sectioned segments of the lungs fails to reveal evidence of thromboembolic phenomena, tumor, and/or infection though acute congestion as well as pulmonary edema and atelectasis are appreciated to involve both right and left lungs. Examination of the larynx, trachea, and main stem bronchi reveals no abnormalities. No foreign material is identified within the luminal space of the upper airway. No evidence of trauma or disease is identified to involve the structures of the neck. The frontal sinuses are unremarkable.

The pericardial sac is opened, and a small amount of clear wetting fluid is present within the luminal space. The take off of the great vessels is unremarkable. The heart is noted to have a mass of 49 grams and external examination of the heart reveals no cardiomegaly. No evidence of congestive heart failure is appreciated. No petechiae are identified on the epicardial surface of the heart. The coronary arteries are serially cross-sectioned and no abnormalities are identified involving the coronary arteries or their major branches. The heart is serially cross-sectioned and the right ventricle measures up to 0.3 cm in thickness and the left ventricle measures up to 0.6 cm in thickness. Examination of the cross-sectioned segments of the heart fails to reveal evidence of acute or remote infarction. The four cardiac valves are unremarkable and no evidence of congenital heart disease is found. The aorta is examined through its entire course and reveals no abnormalities. The endothelial lining of the heart is unremarkable and the cross-sectioned segments of the myocardium are unremarkable.

The abdominal cavity is opened and a small amount of clear wetting fluid is present within the luminal space.

The vertebral column and rib cage as well as the sternum and pelvis are palpated and visually inspected and no fractures are identified.

The liver assumes its usual right upper quadrant abdominal location and is noted to have a mass of 301 grams. The capsule is intact and no subcapsular contusions are appreciated. The liver is serially cross-sectioned and a moderate amount of serosanguineous fluid exudes from the cut surfaces. Examination of

the cross-sectioned segments of the liver reveals acute hepatic congestion as well as mild steatosis of the liver. The gallbladder is found at the inferior surface of the liver and is noted to measure 3 cm in length and contains approximately 0.3 cc of green bile. No gallstones are identified. The mucosal surface of the gallbladder is unremarkable. The biliary tree is patent to the duodenum.

The spleen assumes its usual left upper quadrant abdominal location and is noted to have a mass of 19 grams. The capsule is intact and no subcapsular contusions are appreciated. The spleen is serially cross-sectioned and a moderate amount of serosanguineous fluid exudes from the cut surfaces. Examination of the cross-sectioned segments of the spleen reveals acute splenic congestion. The malpighian corpuscles are of normal size and number. The thymus is found on the anterior surface of the mediastinum and is noted to have a mass of 16 grams. No petechiae are identified on the serosal surface of the thymus. The thymus is serially cross-sectioned revealing no abnormalities. A section of vertebral bone marrow is grossly unremarkable. Perihilar and mesenteric lymphadenopathy is appreciated and the individual lymph nodes measure up to 0.2 and 0.4 cm respectively. The lymph nodes are serially cross-sectioned and reveal no abnormalities.

The right and left kidneys assume the usual retroperitoneal location and the right kidney is noted to have a mass of 36 grams and the left kidney is noted to have a mass of 36 grams. The capsules strip with ease revealing smooth cortical surfaces bilaterally. The kidneys are serially cross-sectioned and moderate amount of serosanguineous fluid exudes from the cut surfaces. Examination of the cross-sectioned segments of the kidneys reveals acute renal congestion as well as persistence of fetal lobulation bilaterally. The calyces are unremarkable. The ureters are single bilaterally and patent to the urinary bladder. The urinary bladder contains approximately 40 cc of yellow urine and the mucosal surface of the urinary bladder is unremarkable. The corpus uterus and cervix as well as the right and left adnexa are normal for age. The external genitalia is unremarkable.

The esophagus is examined and no abnormalities are identified. The stomach contains 5 cc of tan liquid and 5 cc of brown food that fails to reveal an odor of ethyl alcohol. No particulate tablet or capsule material is identified within the luminal space of the stomach. The mucosal surface of the stomach is unremarkable. The small bowel, vermiform appendix and large bowel are unremarkable. Well-formed stool is found within the luminal space of the small bowel and large bowel. The mesentery and omentum are unremarkable. No adhesions are identified to involve the organs of the abdominal cavity. The rectum and anus are unremarkable and reveal no evidence of trauma or disease.

The pancreas assumes its usual retroperitoneal location and is noted to have a mass of approximately 15 grams. The structure is serially cross-sectioned and no abnormalities are identified. The right and left adrenal glands assume the usual suprarenal location and each is noted to have a mass of approximately 4 grams. The structures are serially cross-sectioned and no abnormalities are identified. The thyroid gland is found on the anterior surface of the trachea and is noted to have a mass of approximately 4 grams. The structure is serially cross-sectioned and no abnormalities are identified.

The scalp is reflected, and no evidence of a cephalohematoma is appreciated. The calvarium is removed and no evidence of an epidural, subdural, and/or subarachnoid hemorrhage is seen. The leptomeninges are thin and delicate and reveal extensive cicatrix formation. The brain is noted to have a mass of 689 grams. The gyri are widened and the sulci are narrowed consistent with mild cerebral edema. The Circle of Willis and supportive vascular structures are unremarkable. The brain is serially cross-sectioned revealing the previously described changes of mild cerebral edema. No evidence of hemorrhage

is seen. The decedent is status post meningitis with hydrocephalus and status post placement of an intraventricular abdominal shunt. The ventricular system is distended consistent with hydrocephalus. The dura is stripped and no evidence of fracture to involve the calvarium or base of the skull is seen. The right and left inner ears are unremarkable.

EXTERNAL EXAMINATION:

Examination of the scalp reveals the scalp to be covered with blonde hair. The eyes are brown, the sclera are clear, the pupils are fixed bilaterally at 0.5 cm. The dentition is in adequate repair. Body heat is absent. Erythema is identified over the face. A small amount of dried blood is identified in the mouth with drying artifact to involve the lips and mucus is present in the right and left nares. A green discoloration is identified over the mid abdominal wall. A 2 cm scar is identified over the superior left abdominal wall.

Acute medical intervention consists of the placement of two pacing electrode leads identified over the chest.

Acute traumatic injuries consist of a 3 cm abrasion identified over the inferior left side of the scalp. A 6 cm abrasion is identified over the anterior superior surface of the forehead and a 2 cm abrasion is identified over the lateral right side of the head. A 3 cm abrasion is identified over the chin. Two 0.5 cm abrasions are identified over the dorsal surface of the left hand. Contusions are identified over the right shin measuring up to 8 cm. Abrasions are identified over the anterior left thigh measuring up to 2 cm. The fingernails are intact and no tears of the fingernails are identified and no foreign tissue is identified underneath the fingernails.

MICROSCOPIC ANALYSES:

- A. Respiratory System: Sections of lung reveal pulmonary vascular congestion and edema with focal atelectasis. Pink proteinaceous material is identified in the alveolar spaces. Evidence of thromboembolic phenomena, tumor, and/or infection is not appreciated. A section of trachea and a section of larynx are unremarkable.
- B. Cardiovascular System: Sections of myocardium are unremarkable. Evidence of inflammation or fibrosis is not appreciated. Evidence of myocardial necrosis is not seen. A section of coronary artery and a section of aorta are unremarkable.
- C. Hepatobiliary System: A section of liver reveals acute congestion. Evidence of acute or chronic hepatitis is not seen. The limiting plate is intact and no evidence of focal necrosis or biliary stasis is found. No significant inflammatory cell infiltrate is identified in the portal triads. Evidence of fibrosis is not appreciated and the individual hepatocytes are unremarkable. A section of gallbladder reveals autolytic change.
- D. Reticuloendothelial System: A section of spleen reveals acute congestion and the germinal centers appear normal in size and number. A section of bone marrow is unremarkable. Granulocytosis, megakaryocytopoiesis and granulocytopoiesis appear orderly. No atypical cells are identified. A section of thymus is unremarkable. A section of mesenteric lymph node reveals reactive lymphoid hyperplasia.

- E. Genitourinary System: Sections of kidney reveal acute congestion. The glomeruli, interstitia, tubules, and blood vessels appear essentially unremarkable. A section of urinary bladder is unremarkable.
- F. Gastrointestinal System: Sections of esophagus, stomach, small bowel, vermiform appendix and large bowel are unremarkable.
- G. Endocrine System: Sections of pancreas, adrenal gland and thyroid gland are unremarkable.
- H. Central Nervous System: Sections of cerebral cortex, cerebellum, and brain stem are essentially unremarkable though cicatrix formation is identified to involve the leptomeninges with focal fibrosis but no significant hemorrhage or inflammation is identified.

CAUSES OF DEATH AND PATHOLOGIC FINDINGS:

- A. Immediate Cause of Death: Changes consistent with Suffocation
- B. Clinical Findings: Decedent's head wedged against crib bumper guard
- C. Other Pathologic Findings:
 - (1) Status post meningitis with hydrocephalus & placement of intraventricular abdominal shunt
 - (2) Premature birth (~7 months gestation)
 - (3) Twin birth
 - (4) Small for gestational age

MANNER OF DEATH: Pending investigation

DISCUSSION OF THE CASE:

The decedent was noted to succumb secondary to changes consistent with Suffocation. The manner of death is ruled pending investigation. In addition, the decedent has the sequelae consistent with meningitis with formation of cicatrix to involve the leptomeninges and is further noted to have a shunt placement.

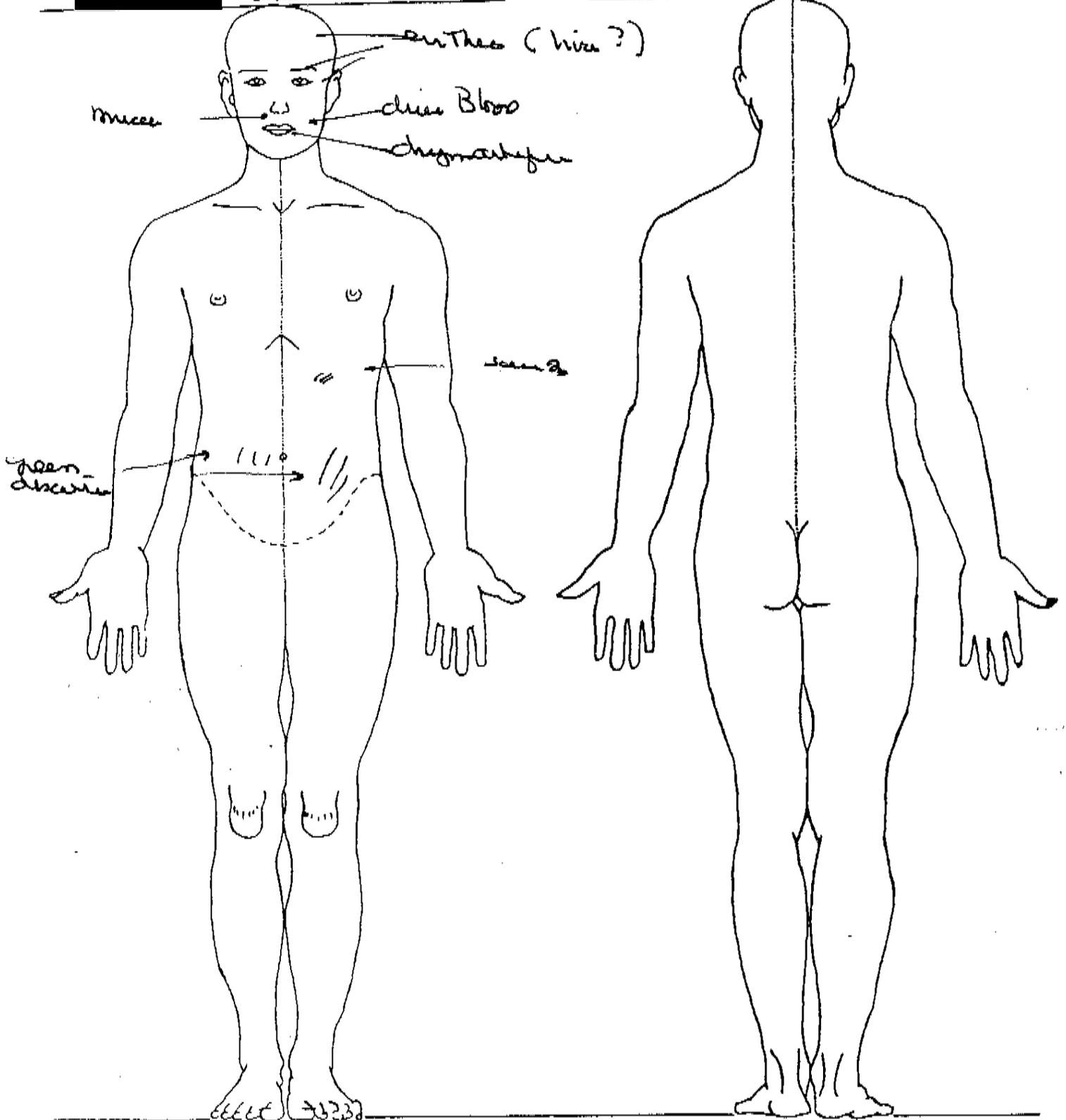
STH/apr dt 8/12/07



BODY DIAGRAM

Front

Back



Decedent's Height _____ inches

Name _____

Examined

By _____

Date 2017 Jan

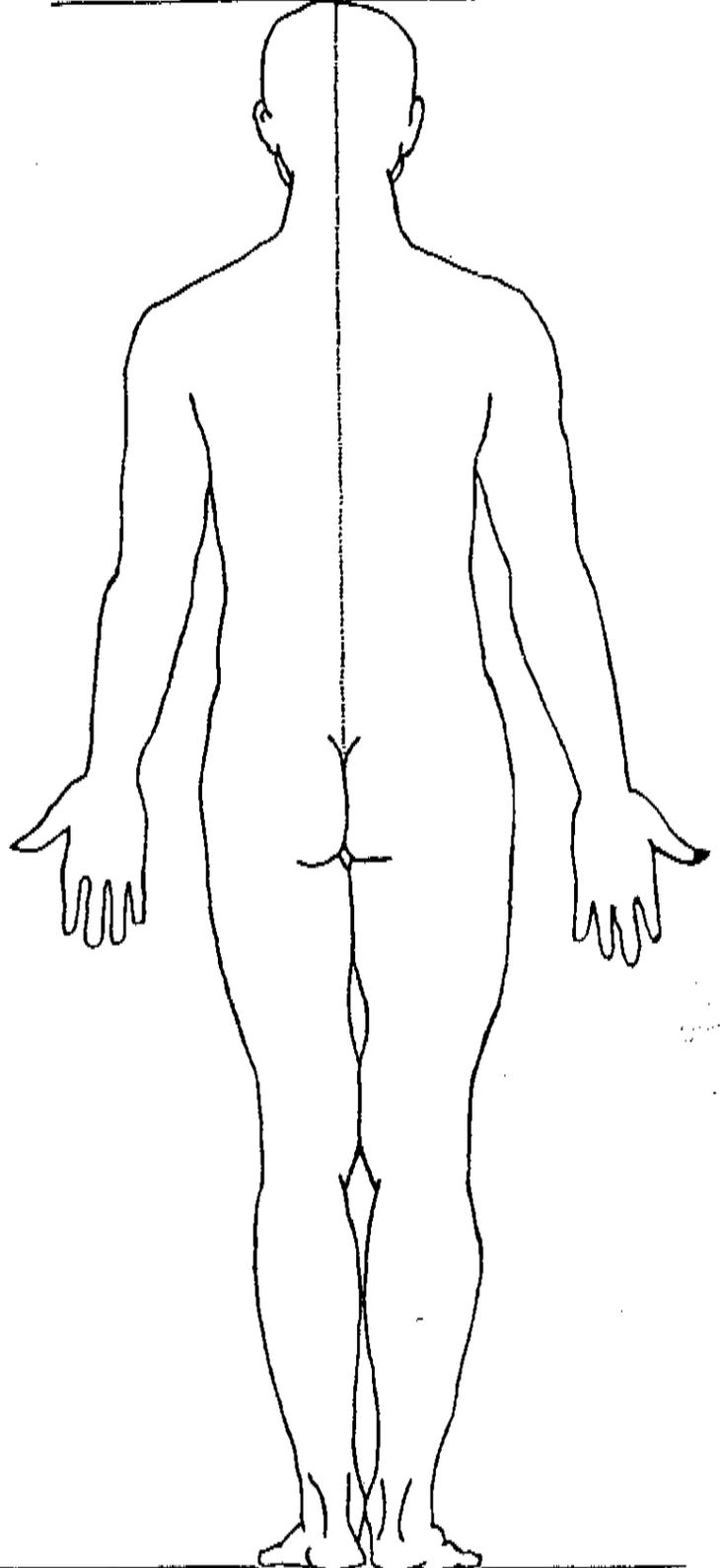
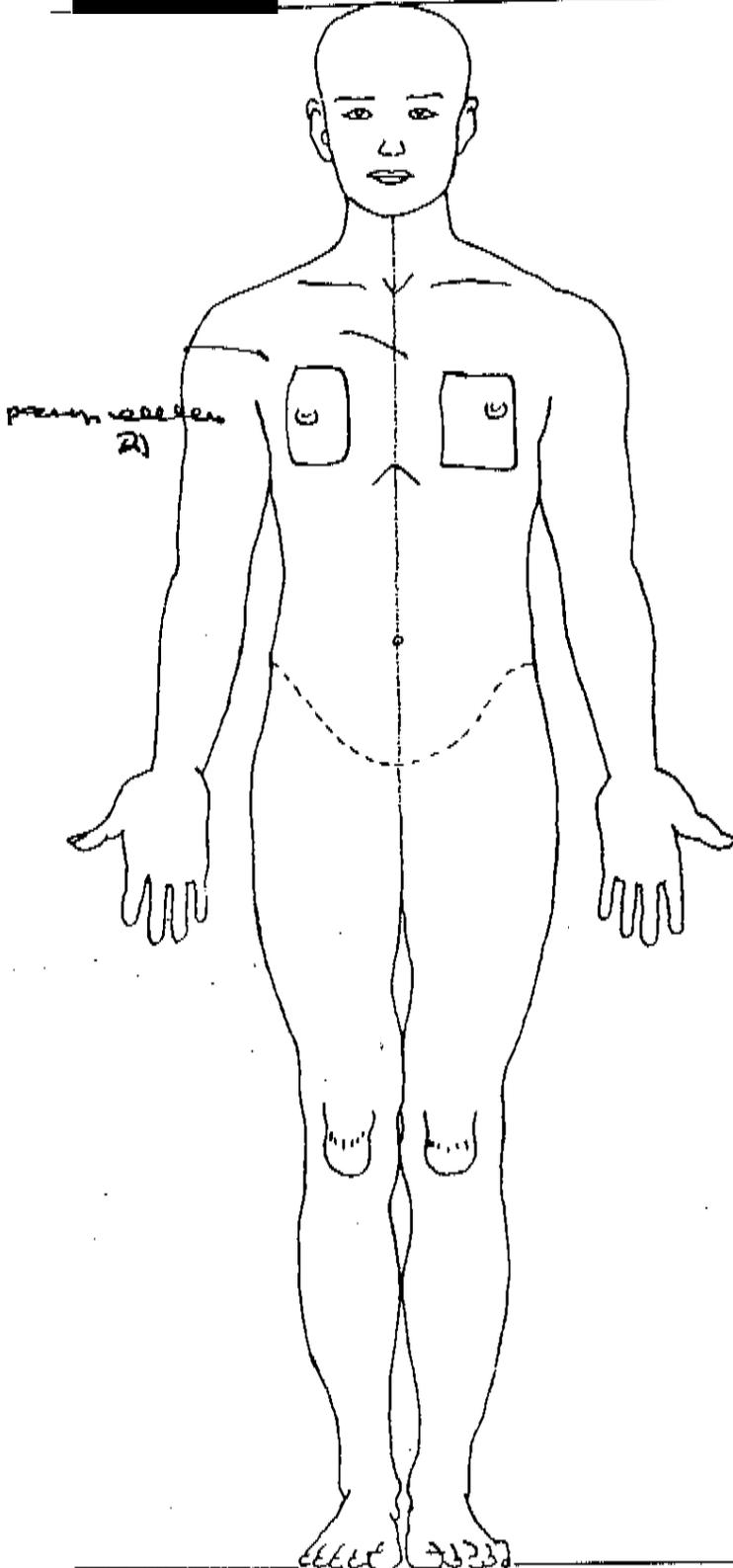


STATE
MEDICAL
EXAMINER

BODY DIAGRAM

Front

Back



Decedent's
Height _____ inches

Name _____
Examined
By _____

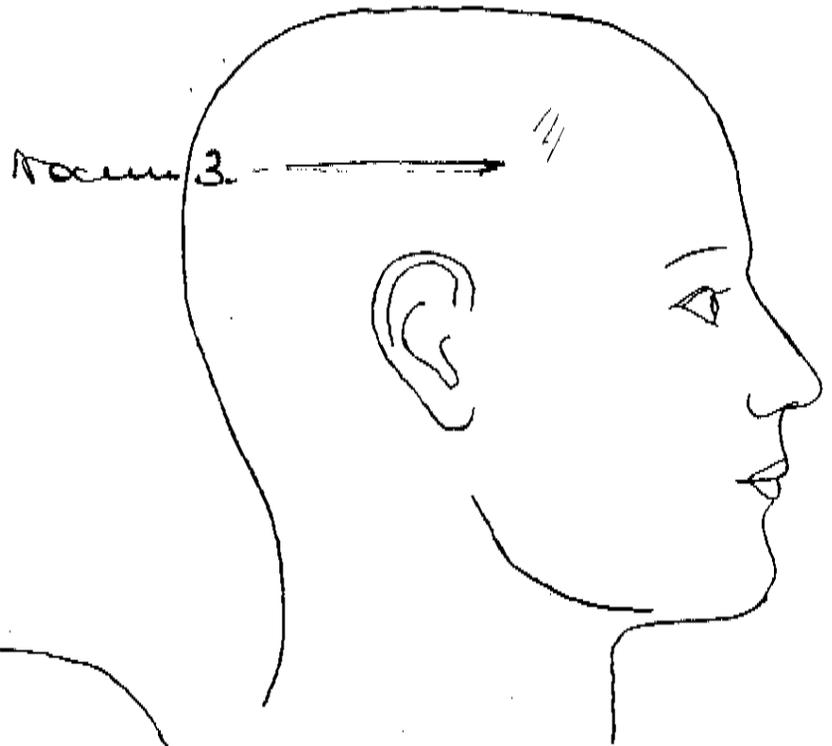
By [Signature]
Date *2/27/2015*



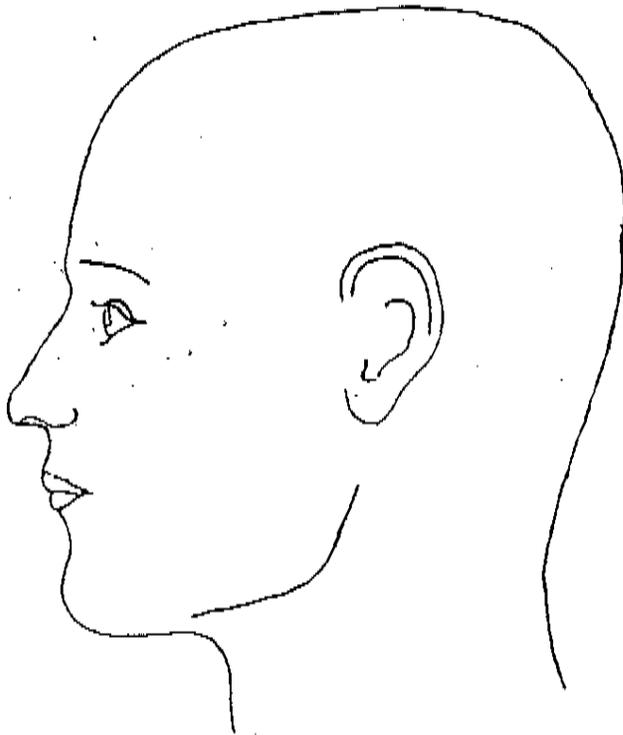
BODY DIAGRAM—HEAD



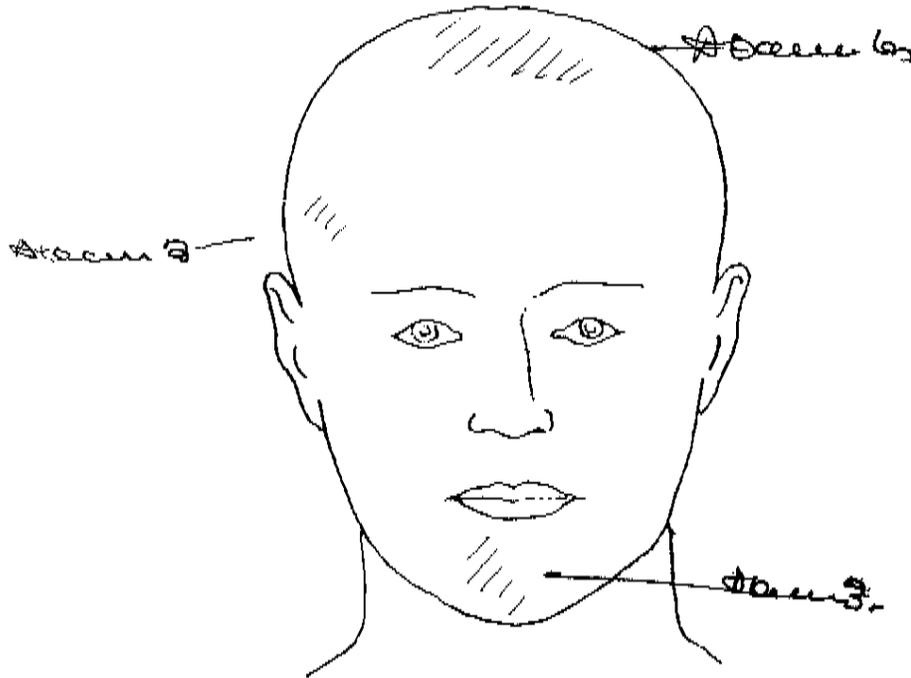
Right



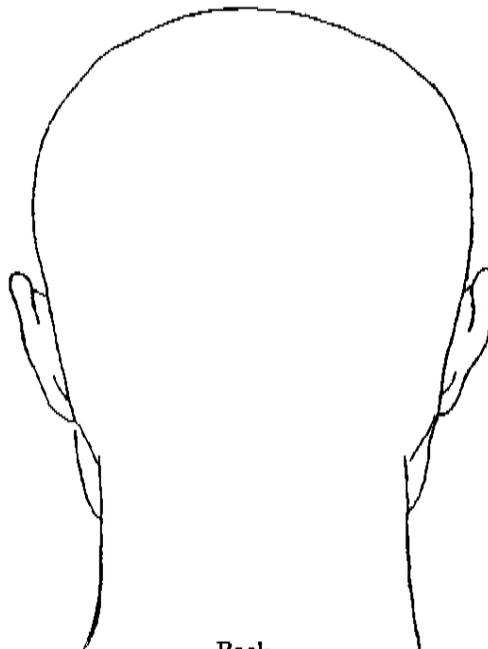
Left



BODY DIAGRAM—HEAD



Front



Back

Decedent's Name _____

Examined _____

By _____

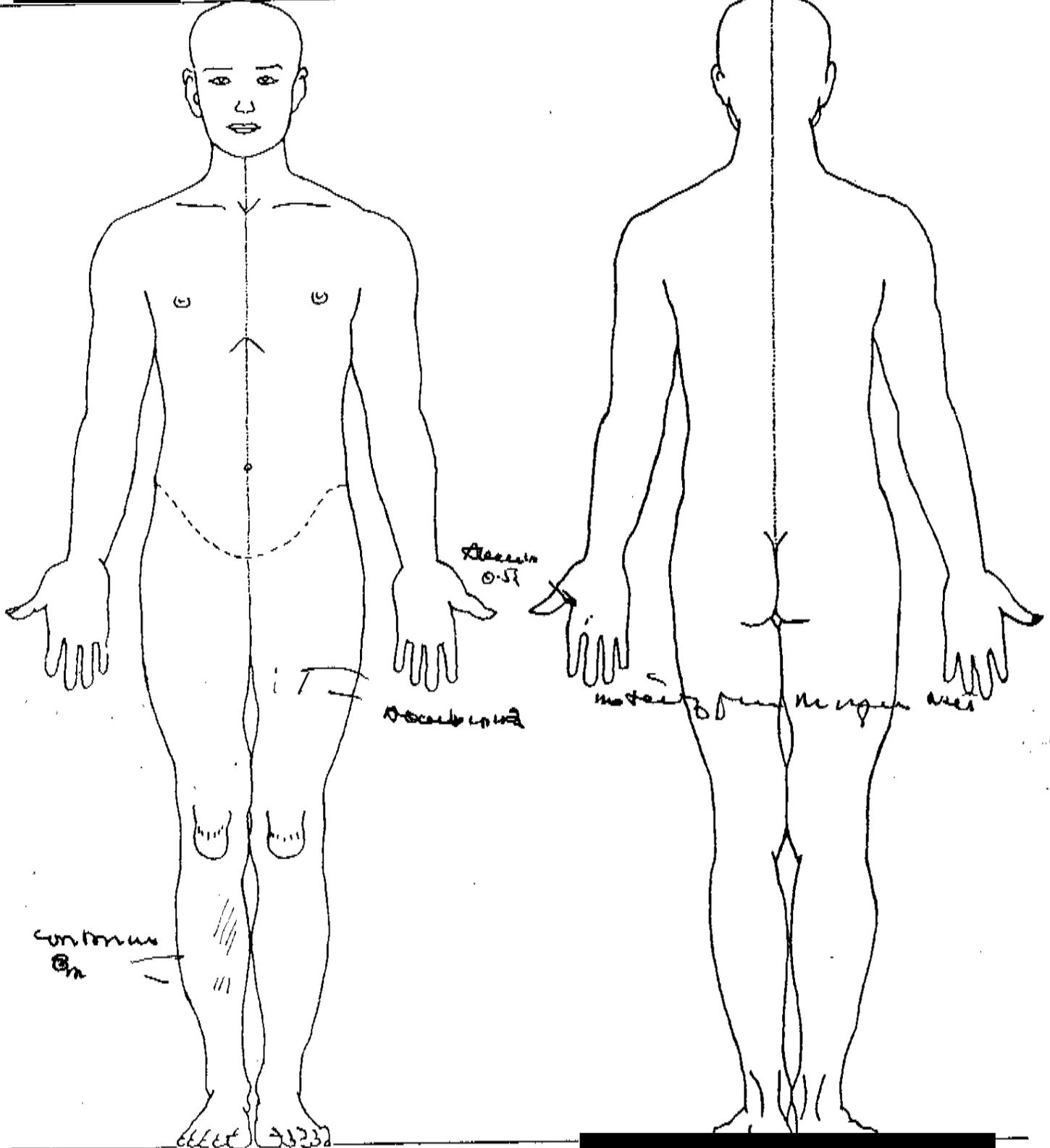
Date _____



BODY DIAGRAM

Front

Back



Decedent's Height _____ inches

Name _____

Examined _____

By _____

Date _____

24

[Redacted] M. D.
Anatomic, Clinical and Forensic Pathology
1700 West Government St. Suite G.
Brandon, MS 39042
Phone (601) 591-5030

Name of Decedent: [Redacted]
Age: 3 Sex: Male Female Race Afro-American Caucasian Oriental
CMEI David Hubbard COUNTY Tippah Agency Case [Redacted]

Date of Death: uk Approximate time of death: UK hrs
Date & time samples drawn 7 January 07 1130 hrs

Samples drawn by [Redacted] M. D.
Coroner/Medical Examiner/Pathologist: [Redacted] M. D., Pathologist
Address: 1700 West Government St. Suite G., Brandon, MS 39042
Phone: 601-591-5030

Probable Cause of Death: 1. Fawn Suffocation
2. SP Neuron Hypoglossal nerve shrut

Probable Manner of Death: Homicide Natural
 Suicide Pending
 Accidental Undetermined

Briefly describe the circumstances and/or a brief medical history if known:

List all of decedents known medications: Forensic with bedside pad around neck
Sp meningitis with shrut placenta

Was decedent hospitalized prior to death: YES (circle)

If Yes: Number of hours in hospital:
Number of days in hospital:

List all medications received in hospital including intravenous administration:

Service Requested:

- Alcohol Analysis (submit vitreous fluid in addition to blood)
- Drug Analysis (submit urine, bile, and/or liver tissue in addition to blood if possible)
- Carbon Monoxide (submit whole blood)
- Clinical Urinalysis
- Anticonvulsant Panel
- Electrolytes
- Glucose
- Other (Be Specific) _____

*ME
no CD
Tippah*

██████████ M. D.
Anatomic, Clinical and Forensic Pathology
1700 West Government St. Suite G.
Brandon, MS 39042
Phone (601) 591-5030

EVIDENCE SUBMISSION

Mississippi State Crime Lab / Medical Examiner's Office

Name of Decedent: ██████████
Age: 3 Sex: Male ~~Female~~ Race Afro-American Caucasian Oriental
CMEI David Hubbard COUNTY Tippah Agency Case # ██████████

Pathologist: ██████████ Coroner: David Hubbard Additional Report to:
County: Tippah
1700 West Government St. Suite G. Law Enforcement Agency Tippah Co So
Brandon, MS 39042 CHAIN OF CUSTODY

Recovered by: ██████████ i. D. Signature: ██████████ Title: mm Date: 7 Jan 07 1130L Time:

Delivered by: Signature: (Signature) Title: Morgue Attendant Date: Time:

Received By: Title: Date: Time:

ALL EXHIBITS SUBMITTED IN SEALED BAGS OR BOXES:

EXHIBIT	DESCRIPTION	EXAMINATIONS REQUESTED
<u>2</u>	Gray top tubes of blood	Tox <u>ETOH</u> <u>Drugs</u>
<u>2</u>	Gray top tubes of urine	Tox <u>ETOH</u> <u>Drugs</u>
	Gray top tubes of bile	Tox <u>ETOH</u> <u>Drugs</u>
<u>1</u>	Gray top tubes of vitreous	Tox <u>ETOH</u> <u>Drugs</u>
	Gray top tube of blood	Tox <u>ETOH</u> <u>Drugs</u> Glucose
<u>1</u>	Red top tube of blood	Tox <u>ETOH</u> <u>Drugs</u> ABH DNA
	Red top tube of gastric content	ID contents
<u>1</u>	Pink or Purple top tube blood	<u>DNA</u>
	Pink or Purple top tube blood	CO level (DNA-hold For 6 months unless requested for natural deaths)
	Pulled scalp hair	Hold for study requests
	Right & left finger & palmprints	Hold for study requests
	Right fingernail scrapings	Tissue, hair, blood, fiber studies, ID material
	Left fingernail scrapings	Tissue, hair, blood, fiber studies, ID material
	Rectal swab in red top tube	Check for spermatozoa
	Gunshot Residue Kit	SEM
	Sexual Assault Kit	Process kit
	Shotgun pellets	Size
	Bullet	Class/manufacture
	Wadding	Gauge/manufacture
	Power piston	Gauge/manufacture
	Clothing	Hair, fibers, powder residue, paint & glass



COUNTY OF TIPPAH

PERMIT BY MEDICAL EXAMINER FOR AUTOPSY

Pursuant to M. C. A. § 41-61-65, in my opinion it is advisable and in the public interest that an autopsy be performed on the body of:

[REDACTED], 3, WHITE, FEMALE
(Name) (Age) (Race) (Sex)

who died on _____, _____, at [REDACTED]
(Date) (Time) (Address/Location)

RIPLEY, TIPPAH under the following circumstances:
(Municipality) (County)

TYPE OF DEATH

- Violent
- Sudden, Unexpected
- Unattended by Physician
- In custody of Law Enforcement
- Suspicious, Unusual, or Unnatural
- Potential Public Health Concern
- Possible Drug Related
- Other _____

MANNER

- Natural
- Accidental
- Homicide
- Suicide
- Undetermined
- Pending

Investigating law enforcement agency (if applicable): _____

NARRATIVE SUMMARY OF CIRCUMSTANCES SURROUNDING DEATH

3 y/o w/f, was born prematurely, 7 months, was a twin, the other sibling is fine, she was diagnosed with spinal meningitis in August after her birth in June, has 2 shunts in the back of her head, mother states she put her to bed at approx 9 pm 1-5-07, states at approx 11:15 am 1-6-07 her boyfriend found her with no signs of life, she was in a baby bed with bed pad around her neck, 911 was called - when the PARAMEDICS arrived brevity had set up, she was transported to the ER.

Authority is hereby given to [REDACTED] to perform such autopsy upon the decedent named herein.
(PATHOLOGIST)

1-7-07
(Date)

David Hubbard
(CMEI/DMEI)

One copy to authorized pathologist, one copy retained by CMEI/DMEI.

Form ME-17 (8/03)

Steven T. Hayne, M. D.
 Anatomic, Clinical and Forensic Pathology
 1700 West Government St. Suite G.
 Brandon, MS 39042
 Phone (601) 591-5030

*m3
 no cord
 T. Hubbard*

EVIDENCE SUBMISSION

Mississippi State Crime Lab / Medical Examiner's Office

Name of Decedent: [REDACTED]
 Age: 3 Sex: Male ~~Female~~ Race Afro-American Caucasian Oriental
 CMEI David Hubbard COUNTY Tippah Agency Case # [REDACTED]

Pathologist [REDACTED] M. D. Coroner: David Hubbard Additional Report to:
 County: Tippah
 1700 West Government St. Suite G. Law Enforcement Agency Tippah Co So
 Brandon, MS 39042 CHAIN OF CUSTODY

Recovered by: [REDACTED] M. D. Signature: [REDACTED] Title: Pathologist Date: 7/22/07 Time: 11:30

Delivered by: [REDACTED] Title: Morgue Attendant Date: 1/12/07 Time: [REDACTED]

Received By: [REDACTED] Title: [REDACTED] Date: 1/12/07 Time: [REDACTED]

ALL EXHIBITS SUBMITTED IN SEALED BAGS OR BOXES:

EXHIBIT	DESCRIPTION	EXAMINATIONS REQUESTED
<u>2</u>	Gray top tubes of blood	Tox <u>ETOH</u> <u>Drugs</u>
<u>2</u>	Gray top tubes of urine	Tox <u>ETOH</u> <u>Drugs</u>
<u>1</u>	Gray top tubes of bile	Tox <u>ETOH</u> <u>Drugs</u>
<u>1</u>	Gray top tubes of vitreous	Tox <u>ETOH</u> <u>Drugs</u>
<u>1</u>	Gray top tube of blood	Tox <u>ETOH</u> <u>Drugs</u> Glucose
<u>1</u>	Red top tube of blood	Tox <u>ETOH</u> <u>Drugs</u> ABH DNA
<u>1</u>	Red top tube of gastric content	ID contents
<u>1</u>	<u>Pink</u> or Purple top tube blood	<u>DNA</u>
	Pink or Purple top tube blood	CO level (DNA-hold For 6 months unless requested for natural deaths)
	Pulled scalp hair	Hold for study requests
	Right & left finger & palmprints	Hold for study requests
	Right fingernail scrapings	Tissue, hair, blood, fiber studies, ID material
	Left fingernail scrapings	Tissue, hair, blood, fiber studies, ID material
	Rectal swab in red top tube	Check for spermatozoa
	Gunshot Residue Kit	SEM
	Sexual Assault Kit	Process kit
	Shotgun pellets	Size
	Bullet	Class/manufacture
	Wadding	Gauge/manufacture
	Power piston	Gauge/manufacture
	Clothing	Hair, fibers, powder residue, paint & glass

Other or Comments:

Mississippi Crime Laboratory System



Main Laboratory
1700 E. Woodrow Wilson
Jackson, MS 39216

Crime Lab Case # [REDACTED]
Page 1 of 1

Agency Case #

Submitting Officer [REDACTED]
Submitting Agency [REDACTED] MD DES PATH
Address P.O. Box 1719
Brandon, MS 39043

Phone #

Individuals: [REDACTED] (V)
Offense: DEATH INVESTIGATION County: Tippah

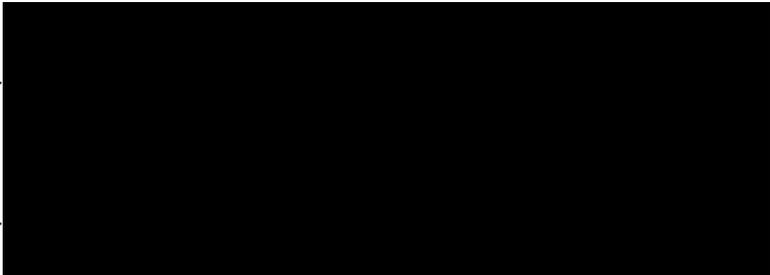
Evidence Submitted

001 One sealed plastic bag labeled [REDACTED] " containing various biological specimens.

Section	Service
TOXICOLOGY <i>Notes:</i>	Alcohol Analysis - Other
TOXICOLOGY <i>Notes:</i>	Drug Screen - Other

Delivered By
Signature _____

Received by
Signature _____



Date Time
1/12/2007 3:32:30PM



MISSISSIPPI CRIME LABORATORY

ASCLD/LAB Accredited since 2003



Lab Case #: [REDACTED]

Main Laboratory

Request: 0001

Page 1 of 2

TOXICOLOGY Report
May 25, 2007

1700 E. WOODROW WILSON AVE.
JACKSON, MS 39216
601-987-1600
FAX: 601-987-1615

CMEI David Hubbard
TIPPAH COUNTY CMEI
701 CR 418
Ripley, MS 38663

VICTIM [REDACTED]

REFERENCE- Agency Case # [REDACTED]

REQUEST FOR ANALYSIS

On 1/12/2007 it was requested that the TOXICOLOGY section perform the following analysis: Drug Screen - Other. This examination was completed on 5/25/2007.

EVIDENCE

On 1/12/2007 at 3:32 PM, Forensic Scientist [REDACTED] received the following evidence from the [REDACTED] MD DES PATH via [REDACTED]

- | | |
|---------------------------|--|
| Evidence Submission 001 | One sealed plastic bag labeled [REDACTED] " containing various biological specimens. |
| Evidence Submission 001-A | two grey top tubes of blood labeled [REDACTED] |

DRUG CONFIRMATION RESULTS

RESULTS:

Submission #: 001-A

See below

An aliquot of submission #1A, blood, was submitted to National Medical Services Laboratory for analysis. The quantitative values reported were determined by NMS. A copy of the NMS report will be mailed separately.

REMARKS

Some of the items submitted in this case were not analyzed for drugs.

CONT'D:

CERTIFIED REPORT

Laboratory Report Continued

REFERENCE- MCL Case Number [REDACTED]

Page 2 of 2

Case Analyst:

Shan Hales

Shan Hales, D-ABC, DFTCB
Section Chief - Toxicology

Technical Reviewer:

Sam L. Howell

Sam Howell, DFTCB
Director

CC:

iResults DA - 03rd Judicial District

SA